

**2006 Michigan**



**Conference on  
Career Education**

# Presentation Proposal Form

**Deadline: November 11, 2005**

**Fax to: (517) 432-2931 or submit online at: [www.mccte.msu.edu](http://www.mccte.msu.edu)**

**Session Title** \_\_\_\_\_

## Lead Presenter

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Co-Presenter

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Co-Presenter

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Co-Presenter

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Educational Categories

Please indicate the most appropriate audience for your session:

\_\_\_\_\_ **Teacher**

\_\_\_\_\_ **Counselor**

\_\_\_\_\_ **Special Populations**

\_\_\_\_\_ **Administrator**

\_\_\_\_\_ **Secondary**

\_\_\_\_\_ **Postsecondary**

\_\_\_\_\_ **Business/Community Partner**

\_\_\_\_\_ **Parent/Community**

**See reverse side**

**Room Setup** (Chairs will be arranged in rows unless indicated here.)

My preference is: \_\_\_\_\_

**Equipment Needs** (Check all that apply.)

**(NOTE: Computers, LCD projectors, and specialized equipment must be provided by the presenters.)**

- ☐ Lectern      ☐ Overhead Projector      ☐ Projection Screen      ☐ VCR/Monitor  
☐ Table or cart with electricity for specialized equipment

**Presentation Summary**

Please provide a brief (50 words or less) summary describing the content of your session.  
If your proposal is chosen, this summary will appear in the conference program.

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Are you applying to be a presenter in another session(s)? ☐ Yes ☐ No

If yes, please indicate the lead presenter and session title(s):

Name: \_\_\_\_\_

Title(s): \_\_\_\_\_

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**Please note that all presenters and co-presenters must pay conference registration fees and wear a registration badge.**

If you have any questions regarding this form, contact John Radford at (800) 292-1606 ext. 7.

The state of Michigan is an equal-opportunity employer/program.  
Auxiliary aids and services are available upon request to individuals with disabilities.